

### **Eligibility and Enrollment**

You are eligible for voluntary Short Term Disability Insurance (VSTD) if you have completed the waiting period required by your employer and you work at least 20 hours per week. If you are eligible, you must apply during the initial enrollment period or within 31 days of your eligibility date. If you do not enroll within this time, you must wait until the next annual enrollment period to elect this benefit.

**Deferred Effective Date:** You must be actively at work on the effective date of your VSTD coverage. If you are not actively at work on the date coverage would otherwise become effective, your VSTD effective date will be the day you return to work.

### **The Short Term Disability Benefit**

VSTD benefits help replace lost income if you become totally disabled due to a non-occupational accident or sickness, including pregnancy or complications of pregnancy. Acceptance for VSTD coverage is guaranteed. You do not have to complete a health questionnaire.

Disability benefits are payable on the 15th day for accident, sickness or pregnancy, and will be payable biweekly for a maximum of 13, 26 or 52 weeks, depending on the plan you elect.

A **Partial Disability Benefit** gives you an opportunity through a combination of earnings and benefits to receive up to 100% of your pre-disability income.

**Your Weekly Benefit Amount:** You choose the weekly benefit that's right for you - from \$100 to \$750 in \$50 increments - as long as the amount does not exceed 70% of your basic weekly income.

**Basic Weekly Income** means the weekly compensation you earn from your normal occupation from the employer. It does not include earnings from overtime, bonuses, or any other form of extra pay except commissions.

**Plus:** Your VSTD coverage includes a \$7,500 Accidental Death & Dismemberment Insurance Rider.

### **Pre-Existing Condition Limitation**

A 12/12 pre-existing condition limitation applies to all new STD plans and subsequent increases in your benefit amount. A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a pre-existing condition within the first 12 months of your effective date will not be covered.

If you are covered under another voluntary STD plan, continuity of coverage may apply to you upon transfer of insurance carriers. Documentation of prior insurance coverage will be required.

### **General Exclusions**

The insurance under the VSTD Benefit does not apply to disability:

- due to injury or sickness arising out of or in the course of any employment for wage or profit; or
- for which you are entitled to benefits under any Workers' Compensation or similar law; or
- for any period during which you are not being regularly treated by a Physician; or
- due to your intentionally self-inflicted injury, suicide or attempted suicide, while sane or insane; or the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or here after amended unless as prescribed by your physician; or due to bodily injury sustained as a result of your commission of or attempt to commit an assault or felony.

The information in this flyer is only a summary of the benefits offered. After the first policy anniversary, either FDL or your employer may terminate the master policy. FDL reserves the right to change the premium rates, but not more than once in a 12 month period and not unless we change rates for all insureds in the same class. Refer to your certificate for details and limitations of coverage. (policy series ML2200).

**For more information or to find out how to enroll, please call:**

**1-866-858-1171**

**Underwritten by Fort Dearborn Life Insurance Company**

### Premium Cost Summary

<b>If your Annual Salary is at Least</b>	<b>You may Select A Maximum Benefit of</b>	<b>If your Annual Salary is at Least</b>	<b>You may Select a Maximum Benefit of</b>
\$ 7,430	\$100	\$33,430	\$450
\$11,143	\$150	\$37,143	\$500
\$14,860	\$200	\$40,860	\$550
\$18,572	\$250	\$44,572	\$600
\$22,286	\$300	\$48,286	\$650
\$26,000	\$350	\$52,000	\$700
\$29,715	\$400	\$55,715	\$750

The premium cost shown in the tables below is based on 26 payroll deductions per year (bi-weekly). Your cost depends on the maximum benefit duration (13, 26 or 52 weeks), the benefit amount you elect and your age. Premiums will increase in accordance with the applicable rate table as your age increases.

#### 52-Week Plan - Premium Cost per Payroll Deduction

Selected Weekly Benefit Amount														
<b>Age</b>	<b>\$100</b>	<b>\$150</b>	<b>\$200</b>	<b>\$250</b>	<b>\$300</b>	<b>\$350</b>	<b>\$400</b>	<b>\$450</b>	<b>\$500</b>	<b>\$550</b>	<b>\$600</b>	<b>\$650</b>	<b>\$700</b>	<b>\$750</b>
< 50	6.14	9.21	12.28	15.35	18.42	21.49	24.56	27.63	30.07	33.77	36.84	39.90	42.97	46.04
50-59	8.40	12.60	16.80	21.00	25.20	29.40	33.60	37.80	42.00	46.20	50.40	54.60	58.80	63.00
60+	13.25	19.87	26.50	33.12	39.74	46.37	52.99	59.61	66.23	72.86	79.48	86.10	92.73	99.35

#### 26-Week Plan - Premium Cost per Payroll Deduction

Selected Weekly Benefit Amount														
<b>Age</b>	<b>\$100</b>	<b>\$150</b>	<b>\$200</b>	<b>\$250</b>	<b>\$300</b>	<b>\$350</b>	<b>\$400</b>	<b>\$450</b>	<b>\$500</b>	<b>\$550</b>	<b>\$600</b>	<b>\$650</b>	<b>\$700</b>	<b>\$750</b>
< 50	4.85	7.27	9.70	12.12	14.54	16.97	19.39	21.81	24.24	26.66	29.08	31.50	33.93	36.35
50-59	6.79	10.18	13.57	16.97	20.36	23.75	27.14	30.54	33.93	37.32	40.71	44.10	47.50	50.89
60+	10.99	16.48	21.97	27.47	32.96	38.45	43.94	49.44	54.93	60.42	65.91	71.40	76.90	82.39

#### 13-Week Plan - Premium Cost per Payroll Deduction

Selected Weekly Benefit Amount														
<b>Age</b>	<b>\$100</b>	<b>\$150</b>	<b>\$200</b>	<b>\$250</b>	<b>\$300</b>	<b>\$350</b>	<b>\$400</b>	<b>\$450</b>	<b>\$500</b>	<b>\$550</b>	<b>\$600</b>	<b>\$650</b>	<b>\$700</b>	<b>\$750</b>
< 50	4.20	6.30	8.40	10.50	12.60	14.70	16.80	18.90	21.00	23.10	25.20	27.30	29.40	31.50
50-59	5.50	8.24	10.99	13.74	16.48	19.23	21.97	24.72	27.47	30.21	32.96	35.70	38.45	41.20
60+	8.73	13.09	17.45	21.81	26.17	30.54	34.90	39.25	43.62	47.98	52.34	56.70	61.07	65.43

**These premium cost charts are for informational purposes only; your total premium may be slightly higher or lower due to rounding.**

## Fort Dearborn Life Insurance Company